

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36136  
*Suggitt*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 303

04  
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>  |  |
| c. LENGTH OF STAY (in this place) <u>Lifetime</u>  |  | d. STREET ADDRESS (If rural, give location) <u>703 Hickman Ave.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>703 Hickman Ave.</u> |  |   |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>THOMAS</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>FICKLIN</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 21, 1950</u> |  |  |
|---|--|--|---|--|--|

|                    |  |                               |  |   |  |                                       |  |   |  |   |  |   |  |
|--------------------|--|-------------------------------|--|---|--|---------------------------------------|--|---|--|---|--|---|--|
| 5. SEX <u>Male</u> |  | 6. COLOR OR RACE <u>White</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> |  | 8. DATE OF BIRTH <u>July 16, 1879</u> |  | 9. AGE (In years last birthday) <u>71</u> |  | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>15</u> |  | IF UNDER 24 HRS.<br>Hours <u>7</u> Min. |  |
|--------------------|--|-------------------------------|--|---|--|---------------------------------------|--|---|--|---|--|---|--|

|   |  |  |  |  |  |   |  |  |  |  |  |
|---|--|--|--|--|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Blacksmith</u> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>--- |  |  | 11. BIRTHPLACE (State or foreign country) <u>Callaway County, Missouri.</u> |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |  |  |
|---|--|--|--|--|--|---|--|--|--|--|--|

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|--|--|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>N.C. Ficklin</u> |  |  | 13b. MOTHER'S MAIDEN NAME <u>Sallie Bryan</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>Clara C. Head</u> |  |  |
|--|--|--|---|--|--|--|--|--|

|   |  |                                    |  |   |  |  |  |
|---|--|------------------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> |  | 16. SOCIAL SECURITY NO. <u>---</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Thomas W. Ficklin, Columbia, Mo.</u> |  |  |  |
|---|--|------------------------------------|--|---|--|--|--|

|  |  |  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Corruption Heart Failure</u>  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Parkinson Disease</u> |  |  |  |  |  | 3 1/2 yrs   |  |
|  |  | DUE TO (c)   |  |  |  |  |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                          |  |  |  |  |  | 350X  |  |

|                                       |  |   |  |  |  |  |  |   |  |
|---------------------------------------|--|---|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION<br><u>None</u> |  | 19b. MAJOR FINDINGS OF OPERATION<br>--- |  |  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|---------------------------------------|--|---|--|--|--|--|--|---|--|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>--- |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>--- |  |
|--|--|---|--|--|--|

|   |  |  |  |  |                                   |  |
|---|--|--|--|--|-----------------------------------|--|
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>None</u> |  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br>--- |  |
|---|--|--|--|--|-----------------------------------|--|

22. I hereby certify that I attended the deceased from Sept-1, 1952, to Nov-21, 1952, that I last saw the deceased alive on Nov-21, 1952, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

|  |  |                                 |  |                                  |  |
|--|--|---------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>F. C. Suggitt M.D.</u> |  | 23b. ADDRESS <u>Columbia Mo</u> |  | 23c. DATE SIGNED <u>11-25-52</u> |  |
|--|--|---------------------------------|--|----------------------------------|--|

|   |  |                                |  |   |  |  |  |
|---|--|--------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>Nov. 24, 1950</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri.</u> |  |
|---|--|--------------------------------|--|---|--|--|--|

|  |  |   |  |    |  |  |  |
|--|--|---|--|----|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Nov. 27 1950</u> |  | REGISTRAR'S SIGNATURE <u>Mrs R E Palmox</u> |  | 31 |  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Parsons Funeral Service, Columbia, Mo</u> |  |
|--|--|---|--|----|--|--|--|

RECEIVED 12-5-58

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-5-58

SEP 20 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *M. D. Whitesides*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3893

P. O. Address *Columbia, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.